

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Kidney Centers  
Managed Care Plans

**Memorandum No: 04-38**  
**Issued:** June 30, 2004

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
1-800-562-6188

**Subject: Kidney Center Services: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2004**, the Medical Assistance Administration (MAA) will implement the following changes affecting select Kidney Center Services:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2004 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS);
- The Year 2004 additions of Current Procedural Terminology (CPT™) codes; and
- The additions to Healthcare Common Procedure Coding System (HCPCS) Level II codes.

### **Maximum Allowable Fees**

MAA is updating the Kidney Center Services fee schedule with Year 2004 RVUs and clinical laboratory fees. These changes affected the maximum allowable fees for seven blood processing procedure codes billable by Kidney Centers. The Legislature **did not appropriate a vendor rate increase** for the 2005 state fiscal year.

Attached are updated replacement pages F.1/F.2 for MAA's Kidney Center Services Billing Instructions, dated August 2003. To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click ***the Billing Instructions and Numbered Memorandum*** link). These may be downloaded and printed.

Bill MAA your usual and customary charge.



# Fee Schedule

## Procedure Codes

### Procedure Codes for Blood Processing Used in Outpatient Blood Transfusions



**Please note the following items:**

- MAA does not reimburse providers for blood and blood products.
- Reimbursement is limited to blood bank service charges for processing the blood and blood products (refer to WAC 388-550-6500).
- The codes listed below must be used to represent the following costs: 1) blood processing and other fees assessed by non-profit blood centers that do not charge for the blood or blood products themselves; or 2) costs incurred by a center to administer its in-house blood procurement program. However, these costs must not include any staff time used to administer blood.

Procedure Code	Blood Processing for Transfusion	Maximum Allowable Fee
P9010	Blood (whole), for transfusion, per unit	\$55.11
P9011	Blood (split unit), specify amount	By Report
P9012	Cryoprecipitate, each unit	26.20
P9016	Red blood cells, leukocytes reduced, each unit	45.53
P9017	Fresh frozen plasma (single donor), each unit	47.82
P9019	Platelets, each unit	By Report
P9020	Platelet rich plasma, each unit	By Report
P9021	Red blood cells, each unit	66.64
P9022	Red blood cells, washed, each unit	20.50
P9023	Plasma, pooled multiple donor, solvent/detergent treated, frozen, each unit	By Report
P9031	Platelets, leukocytes reduced, each unit	By Report
P9032	Platelets, irradiated, each unit	By Report
P9033	Platelets, leukocytes reduced, irradiated, each unit	By Report
P9034	Platelets, pheresis, each unit	By Report

## Kidney Center Services

<b>Procedure Code</b>	<b>Blood Processing for Transfusion</b>	<b>Maximum Allowable Fee</b>
P9035	Platelets, pheresis, leukocytes reduced, each unit	By Report
P9036	Platelets, pheresis, irradiated, each unit	By Report
P9037	Platelets, pheresis, leukocytes reduced, irradiated, each unit	By Report
P9038	Red blood cells, irradiated, each unit	By Report
P9039	Red blood cells, deglycerolized, each unit	By Report
P9040	Red blood cells, leukocytes reduced, irradiated, each unit	By Report
P9041	Infusion, albumin (human), 5%, 50 ml	\$13.01
P9043	Infusion, plasma protein fraction (human), 5%, 50 ml	13.01
P9044	Plasma, cryoprecipitate reduced, each unit	By Report
P9045	Infusion, albumin (human), 5%, 250 ml	49.30
P9046	Infusion, albumin (human), 25%, 20ml	13.01
P9047	Infusion, albumin (human). 25%, 50ml	49.30
P9048	Infusion, plasma protein fraction (human), 5%, 250ml	26.04
P9050	Granulocytes, pheresis, each unit	By Report
P9054	Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit	By Report
P9055	Platelets, leukocytes reduced, cmv-negative, apheresis/pheresis, each unit	By Report
P9056	Whole blood, leukocytes reduced, irradiated, each unit	By Report
P9057	Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit	By Report
P9058	Red blood cells, leukocytes reduced, cmv-negative, irradiated, each unit	By Report
P9059	Fresh frozen plasma between 8-24 hours of collection, each unit	By Report
P9060	Fresh frozen plasma, donor retested, each unit	By Report

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